UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For use by candidates and new employees	MAY 1 1 2010.
Period covered: January 1, 2010 - May 15-2010	For use by candidates and new employees	
Δ ~		CEGISI ATIVE RESOURCE CHROLI
Name: CHRISTOPHER REED Dayti	me Telephone: 319-241-0565	2010 MAY 19 AM 11: 43
		OFFICE ESTIMATION U.S. HOUSE OF PROPOSITION AND COMMENTAL
Filer House of Representatives District: Ele	e of Check if Check if Amendment	A \$200 penalty shall be assessed against anybody who files more
New officer or employee Employing Office:		than 30 days late.
In all sections, please type or print clearly in black ink. PRELIMINARY INFORMATION — ANSWER EACH OF TH	ESE QUESTIONS	
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes No If yes, complete and attach Schedule I.	IV. Did you hold any reportable positions on or be of filing in the current calendar year or in the price if yes, complete and attach Schedule IV.	pefore the date or two years? Yes No
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes No style="background-color: blue;">No Style: blue; blu	V. Did you have any reportable agreement or an with an outside entity? If yes, complete and attach Schedule V.	rangement Yes No No
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	VI. Did you receive compensation of more than a single source in the two prior years? If yes, complete and attach Schedule VI.	\$5,000 from Yes No
Each question in this part must be answered and th	e appropriate schedule attached for	each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFO	RMATION — ANSWER EACH O	F THESE QUESTIONS
TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on S need not be disclosed. Have you excluded from this report details of such a trust ben page 8.)	andards of Official Conduct and certain other "e fiting you, your spouse, or a dependent child? (excepted trusts" (See Instructions, Yes No No
EXEMPTION —Have you excluded from this report any other assets, "unearned" inconsecuted they meet all three tests for exemption? Do not answer "yes" unless you have Conduct.	me, transactions, or liabilities of a spouse or de e first consulted with the Committee on Standard	pendent child ds of Official Yes No

SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

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List the source, type and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraria)		Туре		ount
		Туре	Current Year to Filing	Preceding Year
	XYZ Corporation, Houston, Texas	Salary	\$6,300	\$28,450
Examples:	First Bank & Trust, Houston, Texas	Director's Fee	\$400	\$3,200
	XYZ Trade Association, Chicago, IL. (Rec'd December 2)	Honorarium	<u> </u>	\$1,000
	Harris County, Texas Public Schools	Spouse Salary	NA NA	NA NA
AWOL	ANSWERING SERVICE	SALARY	7,800	23,846.14
Rock	WIL WILBERT VAULT	SPOUSE SALARY	4,000	18,000
Liki	ty SPLIT INC	SPOWE SALARY	11,200	37,000
271	VAN LEARNING	SALARY SPONSE SALARY SPONSE SALARY SPONSE SALARY	\$ /0,5 00	25,200
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BLOCK A	BLOCK B	BLOCK C												
Asset and/or Income Source	Value of Asset	Type of Income	BLOCK D Amount of Income											
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	For retirement plans of allow you to choose sponday write "NA" for it assets, including all largery of income by chebox below. Dividends reinvested, should be	ns or accounts that do not be specific investments, you can income. For all other call IRAs, indicate the catechecking the appropriate and interest, even if d be listed as income.											
and income information on <i>each asset</i> in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and	A B C D E F G H I J K L	lncome)	Current Year	Preceding Year										
its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.		nip Income or Farm I	t II III IV V VI VII VIII IX X XI											
Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.	None \$1,001 - \$1,000 \$15,001 - \$15,000 \$50,001 - \$100,000 \$20,001 - \$250,000 \$250,001 - \$250,000 \$250,001 - \$500,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$5,000,000 \$25,000,001 - \$5,000,000	NONE DIVIDENDS RENT CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,000 \$1,000,001 - \$1,000,000 \$1,000,001 - \$5,000,000										
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	\$1-\$1,000 \$1,001 - \$1 \$15,001 - \$1 \$50,001 - \$ \$250,001 - \$ \$250,001 - \$ \$500,001 - \$ \$5,000,001 - \$ \$25,000,001 - \$ \$25,000,001 - \$	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIN Other Type of Inc (Specify: For Examp	None \$1 - \$200 \$201 - \$1,000 \$201 - \$1,000 \$2,501 - \$5,000 \$5,001 - \$15,000 \$5,001 - \$10,00 \$100,001 - \$1,00 \$1,000,001 - \$1,00 \$1,000,001 - \$1,00 \$1,000,001 - \$1,00 \$1,000,001 - \$1,00 \$1,000,001 - \$1,00 \$1,000,001 - \$1,00 \$1,000,001 - \$1,00 \$1,000,001 - \$1,00 \$1,000,001 - \$1,00 \$1,000,001 - \$1,00 \$1,000,000 \$1,000	\$1 - \$200 \$201 - \$1,000 \$2,501 - \$2,500 \$2,501 - \$5,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000 \$1,000,001 - \$5,00										
SP, SP Mega Corp. Stock	X	X	X	X										
DC, Examples: Simon & Schuster JT 1st Bank of Paducah, KY accounts	Indefinite X	Royalties		X										
Ambrian trubs	X	X Sansa	A	X										
9 1609 134 AUC SW 52404	X	X		X										

SCHEDULE II—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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	Asset and/or Income Source		Value of Asset				Ţ	ype	e of	Income	Amount of Income																							
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JT,									3 8	3			2.5		ST		139	i i	1 111	ΙV	V	VI V	II VIII	ΙX	X	ΧI	1 11					_	x x	VI
DC		None	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000 \$100.001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$25,000,001 - \$25,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	NIEREGI NADITAL OVINO	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	940	\$1 - \$200	201\$1,000					0	000,000	None None							0	1
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SCHEDULE	V-AGR	EEMENTS
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	e, parties to, and general terms of any agreement or arrangement with lation or deferral of payments by a former or current employer other th ined by a former employer.	respect to: future employment; a leave of absence during the period of government an the U.S. Government; or continuing participation in an employee welfare or ben-
Date	Parties To	

Date	Parties To	Terms of Agreement
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SCHEDULE VI—COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services